

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS P.O. Box 45025 Newark, New Jersey 07101 (973) 504-6200 (800)-242-5846

E-Mail: AskConsumer Affairs@smtp.lps.state.nj.us

	COMPLAINT REPORTED BY:			COMPLAINT REPORTED AGAINST:	
	Name:		Business:		
	Address:		Address:		
	City:		Сту:		
	STATE:	ZIP:	State:	ZIP:	
	HOME TELEPHONE NUMBER:		TELEPHONE NUMBER (1):		
	WORK TELEPHONE NUMBER: _		TELEPHONE NUMBER (2):		
	E-Mail Address:				
Fo	r statistical and informationa	l purposes only. Your age: 1	8-29	59	
1.	Nature of complaint (please c	check the appropriate box(es)):			
	☐ Automotive	☐ Automotive Repairs	☐ Banking	☐ Credit Card	
	☐ Charity	☐ Direct Mail/Sweepstakes	☐ Home Repair	☐ Internet/Cyberspace	
	☐ Professional Service	☐ Stocks/Securities	☐ Telemarketing	☐ Telecommunications	
	☐ Bingo/Raffle	☐ Health Club	☐ Warranty	☐ Advertising	
	☐ Wheelchair Lemon Law	☐ Weighing/Measuring Devices	s Used Car Lemon Law	☐ New Car Lemon Law	
	☐ Other (specify)				
2.	If your complaint involves a motor vehicle, please provide the following information:				
	a. New Us	sed			
	b. Purchased Le	eased			
	c. Purchase Price	Current Mileas	ge		
	d. Date of purchase		Varranty	ontract	
	e. Make				
	c. 1/1anc				

correspondence of	orrespondence or any other documents you feel are related to your complaint.				
The amount of loss	s involved in this complaint: \$ Please provide a bro	eakdown of these losses:			
	regoing statements made by me are true. I am aware that if any of the				
	n subject to punishment. I authorize the New Jersey Division of Const				
o the company or	to interested parties and to use the information in any way that is necessary	essary.			
	Signature*	Date			

^{*} This certification must be signed by the person completing the form.